

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10/552565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/	/			
4	3		/			
5	3		/			
6	4		/			
7	0		/			
8	0		/			
9	/	/	/			
10	/	/	/			
11	0		/			
12	/		/			
13	0		/			
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41	0		/			
42	0		/			
43	0		/			
44	0		/			
45	0		/			
46	/		/			
47	/		/			
48	0		/			
49	0		/			
50	0		/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████		████		████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
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99						
100						
TOTAL IND.	1	↓		↓	5	↓
TOTAL DEP.	55	←		48	←	←
TOTAL CLAIMS	69	████		████		████